

MULTIPLE DEPENDENT CLAIM SHEET
(FOR USE WITH FORM PTO-875)

Brooker

SERIAL NO.

FILING DATE

APPLICANT(S)

10/030247

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2	1		1			
3	1		1			
4		3		3		
5	1		1			
6		1		1		
7		2		2		
8	1		1			
9		1		1		
10		2		2		
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48		2		2		
49		2		2		
50		2		2		
TOTAL IND.	37		37			
TOTAL DER.		37		37		
TOTAL CLAIMS	38		38			

	* IND. DER.		* IND. DER.		* IND. DER.	
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS